

Adapt of Missouri
ITCD

Arthur Center
ITCD

Bootheel Counseling Services
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
ITCD

Comprehensive Health Systems
Inc.
ITCD

Comtrea
ITCD, DBT

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ACT TAY, ITCD

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD, DBT

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

Tri-County Mental Health
ITCD, DBT

University Health
ITCD, DBT

Evidence Based Services Newsletter

ASSERTIVE COMMUNITY TREATMENT (ACT) WEB PAGE—

CLICK HERE

**INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS
(ITCD) WEB PAGE—CLICK HERE**

DIALECTICAL BEHAVIOR THERAPY (DBT) WEB PAGE—

CLICK HERE

FALL 2022

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Hello from DMH by Christine Smith

Greetings from the DMH Prevention and Crisis Services team! As I write this, I'm sure many of you are getting ready for fall (or already fully immersed in all things fall-pumpkin flavored everything, getting cozy by the fire, fall festivals, corn mazes....need I go on?!) and I'm over here shouting, "NO! Summer, please don't leave me!" Enough about me mourning summertime, let's get on with the reason why I'm here. Lori Norval invited me to share our team's new initiatives with you, which worked out fabulously because our team has a lot going on right now in the crisis services world!

Missouri is following national best practices to create a comprehensive crisis continuum that includes three core elements: *someone to talk to*, *someone to respond*, and *somewhere to go*. Crisis Services are for anyone, anywhere and anytime. It is the first line of defense in preventing tragedies of public and patient safety, loss of lives, and waste of resources. Effective crisis care can assist us with saving lives and dollars—we can make an impact in reducing restrictive, longer-term hospital stays, hospital readmissions, and overuse of law enforcement.

988 (*someone to talk to*) is the three-digit number for anyone experiencing a mental health, suicide, or substance use crisis. The purpose of 988 is to connect individuals to a Crisis Specialist; assure 24/7 availability and rapid access to crisis services via call, chat, or text; reduce health care spending with early intervention; and to reduce use of law enforcement, public health, and other safety resources. DMH is working with seven National Suicide Prevention Lifeline centers located in Missouri to handle all 988 contacts (calls, texts, chats, and follow-up). Each of Missouri's 115 counties, including the City of St. Louis will be covered by the seven centers. A copy of the 988 coverage map, including current 988 providers, is located at: <https://dmh.mo.gov/media/pdf/988-coverage-map>

Mobile Crisis Response (*someone to respond*) teams can be deployed to wherever a person in crisis is located if the crisis is not resolved by working with a 988 Crisis Specialist. The purpose of the Mobile Crisis Response is to resolve the person's crisis and provide care in the least restrictive setting possible, which may be locations such as school, workplace, home, or other community location. By expanding mobile crisis services, assistance will be available 24/7/365 without law enforcement accompaniment, when possible, in order to support justice system diversion.

Behavioral Health Crisis Centers (*somewhere to go*) provides no-wrong-door access to short-term behavioral health stabilization services. Behavioral Health Crisis Centers (BHCC) may be utilized
(Continued page 2)





To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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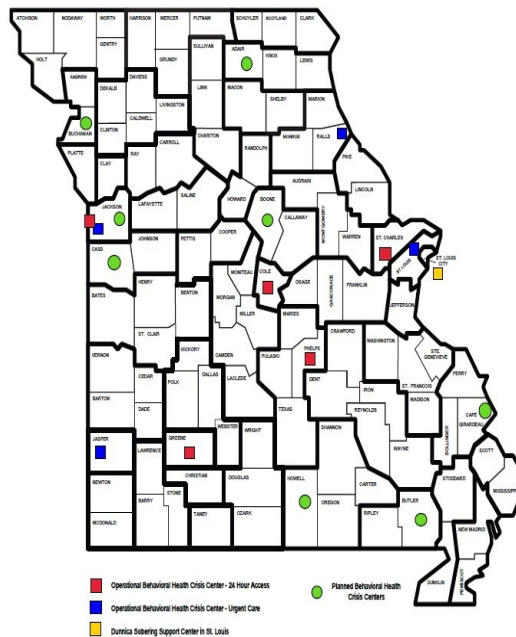
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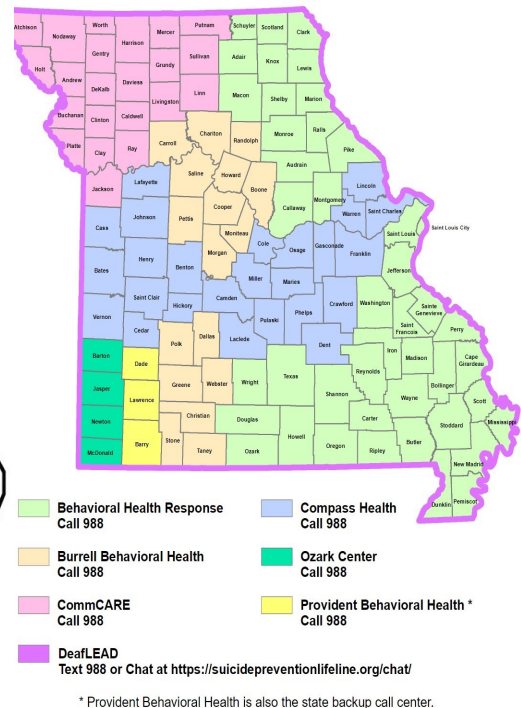
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The Arts 9-10

Behavioral Health Crisis Centers



988 CALL, TEXT, AND CHAT COVERAGE IN MISSOURI



Hello from DMH continued...

...if the person's crisis is not resolved by working with a Crisis Specialist or a Mobile Crisis Response team and/or as an alternative to jails or the emergency room.

A goal of the stabilization services is to divert a person experiencing a behavioral health crisis from unnecessary jail, prison, or emergency room visits in order to provide a trauma-informed space to receive mental health and substance use crisis services, while reducing the costs and overuse/misuse for other systems. There are ten BHCCs currently in operation across the state and eight more that plan to open by 2023. A copy of the BHCC map is located at:

<https://www.mobhc.org/uploads/Behavioral-Health-Crisis-Center-Fact-Sheet-and-Map-March-2022.pdf>

Once a person experiencing a behavioral health crisis is engaged, treatment should be trauma/recovery-informed and, according to best practices, involve peers with lived experience who can serve as mentors and models. Missouri continues to experience challenges due to limited workforce to meet the needs of individuals with mental health and substance use concerns. With a strong and well-integrated crisis system in place, Missouri will have the ability to divert mental health crises away from costly, already burdened systems including our criminal justice system, hospital system, and 911.



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged

Harvard for Developing Child <https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network <https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

<https://www.samhsa.gov/resource/ebp/integrated-treatment-co-occurring-disorders-evidence-based-practices-ebp-kit>

TEAM MEMBER SPOTLIGHT

Name: Samantha Miller

Team/Location: Dialectical Behavior Therapy Team/ReDiscover-Lee's Summit

Position/Role: Team Leader and Therapist for Lee's Summit DBT team

Favorite thing about working on an EBP team: In DBT a core assumption is that "clients are doing the best that they can" and also that "clients want to improve." I love that the DBT model of treatment focuses on clients strengths and provides practical skills to use in day to day life to build a life worth living. I greatly appreciate the team that I work with and their commitment to the model of treatment, to the clients, and also to each other as supportive team members.

Favorite Food or activity: I love coffee and now that it's fall I'm excited for apple cider donuts and chili.

Fidelity Corner

ACT Operations and Structure Item #9: Transition to Less Intensive Services Definition:

Rationale: Although some individuals may experience an increase in symptoms and greater functional impairments without ACT, therefore requiring longer-term ACT services, many individuals also get better over time and are able to graduate from ACT to a less restrictive community program. As supported by research, programs should have an explicit process for assessing the appropriateness of graduation and for making the transition for those ready to graduate.

ACT teams provide a precious resource in intensive wrap around trans-disciplinary treatment. Most teams have a target census of 50 individuals or less. Strong teams do have a steady source of appropriate referrals to fill the census. Some open slots are the result of individuals who drop out of treatment or have need of more restrictive services. However and most preferably, they are a result of individuals who have had planned discharges from the team that have been 3 months or more in the making with a slow process of preparing the individual for leaving the team, including

handing off the individual to other, less intensive services if needed and after weeks of fading psychiatric rehabilitation interventions.

Teams should work to ensure the following are true:

- * The team conducts a regular assessment of the need for ACT services;
- * The team uses explicit criteria or markers to assess need to transfer to less intensive service option;
- * Transition is gradual & individualized, with assured continuity of care;
- * Status is monitored following transition, per individual need; and
- * The team expedites re-admission to the team if necessary.

Each of these items asks the team to pay special attention to the eligibility of individuals to remain on the team as well as to ensure transition from the team is planned, coordinated, methodical, thorough and carefully executed. An after discharge protocol needs to be in place by the team to ensure the individual's transition was successful. Individuals having left the team should be prioritized to be able to return if found still eligible for ACT.

Presenting:

The Assertive Community Treatment (ACT) Annual Face to Face Meeting

In Jefferson City, Central Office 1706 E. Elm St.

Tuesday, October 4th, 10am-3pm

For ACT Team Leads and Assistant Team Leads

DMH presentation highlights: Developmental Disability Treatment within ACT Teams and Trauma Strategies for Treating PTSD

Break out topic highlights: Network and discussion to specific population challenges, including barriers, hardships, successful ways of providing specialized treatment and staff turnover challenges and how to survive them

In addition—ACT outcome data demonstration and presentation of team awards!



Introduction to Assertive Community Treatment (ACT)

Developed by Northwest MHTTC, creators of the TMACT fidelity tool

This 2-hour self-paced course is designed to introduce the evidence-based practice of Assertive Community Treatment (ACT) for ACT team members, and those who oversee ACT teams at various levels (e.g., agency, state). Covering the origins and philosophy, and core elements of high-fidelity ACT, this course provides an overview for those new to the model or who have limited experience with ACT. It can also be used as a 'refresher' training for existing team members. The model is discussed in application through three fictional ACT service recipients, that have been informed by decades of experience by the course creators, Lorna Moser, PhD (UNC), and Maria Monroe-DeVita, PhD (UW).

LEARNING OUTCOMES

- * Name at least 4 key features of ACT
- * List at least four team member roles within a fully staffed ACT team
- * Describe the importance of fidelity to the ACT model

Register here

<https://healtheknowledge.org/login/index.php> and login to select Introduction to Assertive Community Treatment to begin course





Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT here:
<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

Have questions about WRAP trainings?

Contact

lori.franklin@dmh.mo.gov

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Institute for Best Practices (TMACT website)

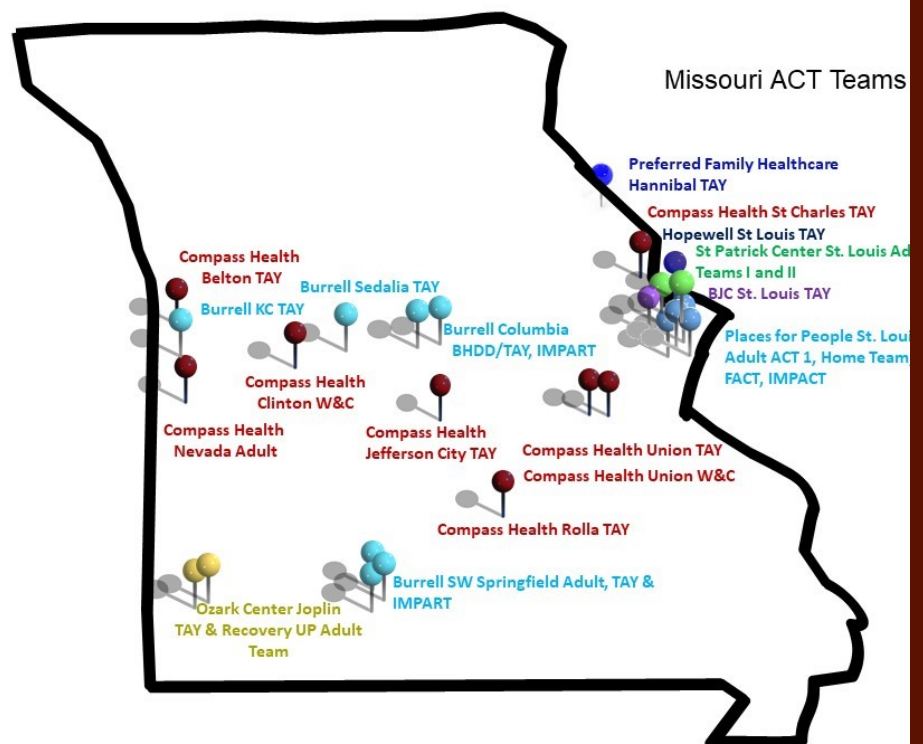
<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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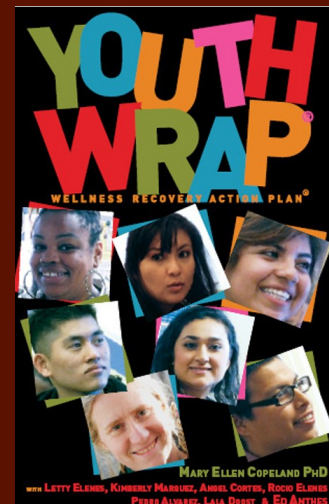
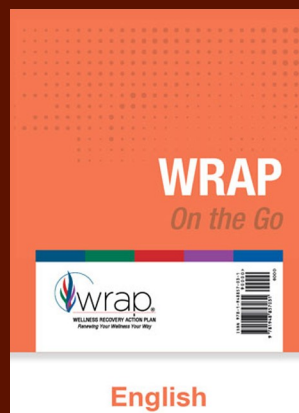
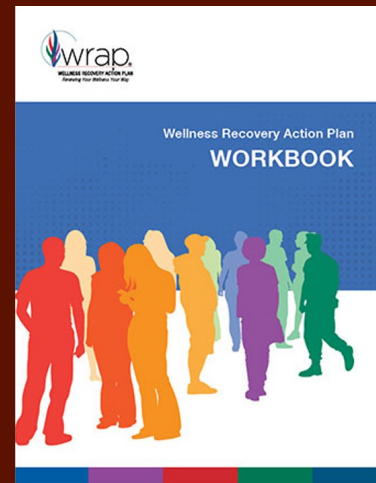
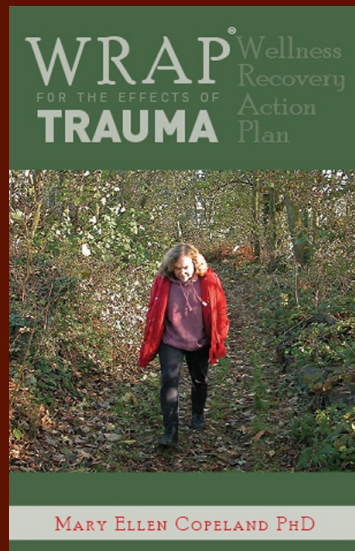
To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website: [CLICK HERE](#)



Take the free **SOAR online training course** by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Need WRAP manuals and publications? Find them here <https://www.wellnessrecoveryactionplan.com/shop/page/5/> at minimal cost and discounts for bulk purchases:



Reminder for ACT and ITCD Teams:

Virtual Harm Reduction Training with David Lynde

October 13th and October 18th (2 separate trainings – you may register for one or both) 9:00 am- 11:00 am

To register for the training click this link and follow the directions:

<https://event.me/52Zk2q>

Registration is through the MBHC Events

Missouri Behavioral Health Council

Please contact the council with questions or problems with registration at events@mobhc.org

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NAMI Support
Group listings
can be found at:
<https://namimissouri.org/support-groups/>



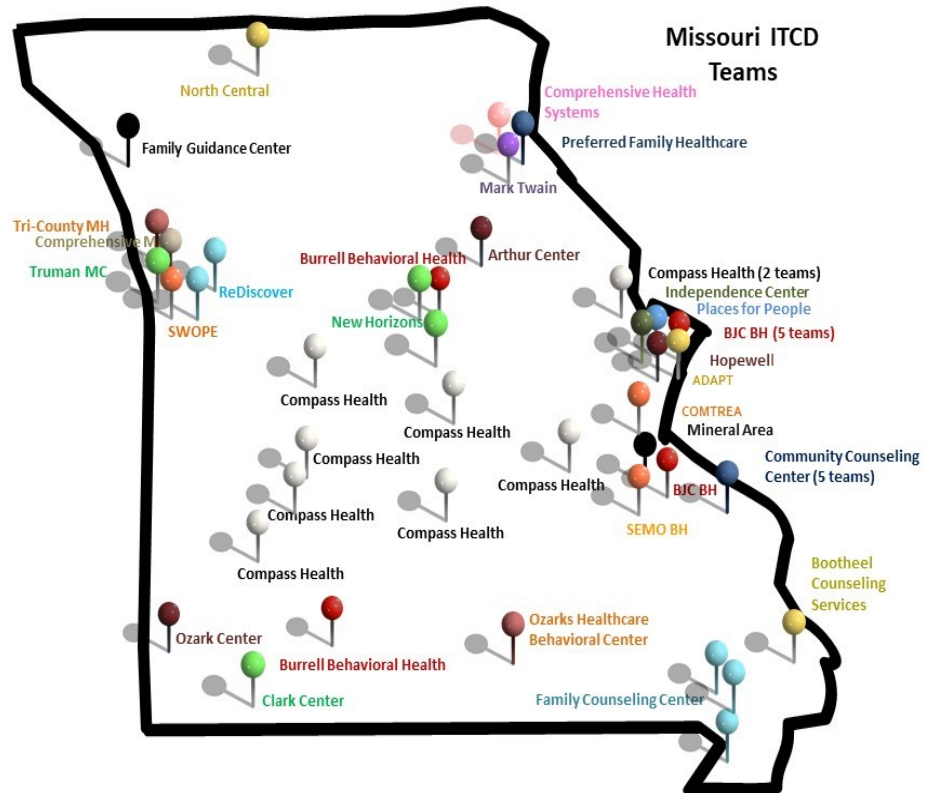
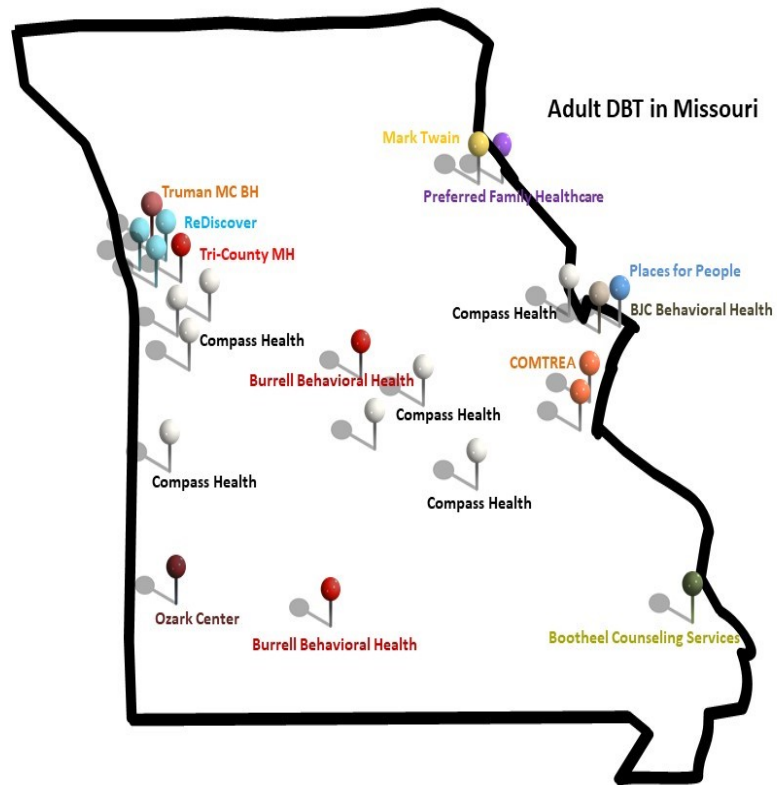
DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

[Click Here](#)



Supporting Excellence in Behavioral Health
60 YEARS

<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>



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If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com

Past issues of the DMH "FYI Fridays" by Nora Bock can be found at:

<https://dmh.mo.gov/mental-illness/fyi-fridays>

DBT fidelity reviewing is underway in 2022! Reviews occur for adult and adolescent programs once every 2 years. Check to see in what month/year your team is scheduled by contacting Lori Norval lori.norval@dmh.mo.gov

Motivational Interviewing Corner

By Scott Kerby

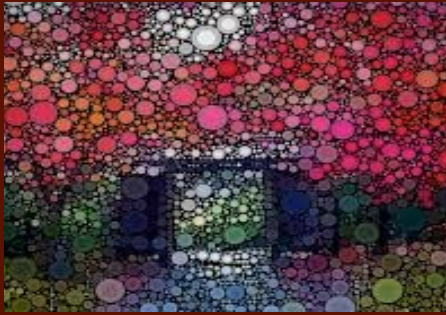
Over the years we have seen many of the key Motivational Interviewing concepts get revisited and updated, but Ambivalence, a central theme to MI since the beginning, was a concept that was due for expansion. It received exactly that in William R. Miller's latest book called "On Second Thought: How Ambivalence Shapes Your Life." Here are a few highlights from the text and an encouragement to read this book when you get the chance.

Ambivalence is often misconstrued as indifference, but that misses the mark. Ambivalence actually tells us a person is in the process of evaluation, of consideration. I am guilty of viewing ambivalence almost as an enemy—something to be processed, or even resolved, so that we can move forward with change. But Miller describes it as a fantastic opportunity, a posture that is full of promise. Miller points to research that highlights the positive parts of ambivalence: ambivalent people tend to be better informed, make more accurate judgments, are more open to new information (than those who aren't ambivalent), and are less inclined to be impulsive. Ambivalence is a sign that the door is open, and that the person is searching. That ambivalent people are more open to new information allows us the chance to partner with them as they explore their options, and hear from their "inner committee". This inner committee can consist of change talk, sustain talk, and a whole host of thoughts about why or why not to do a certain thing. We must fight the urge to be heavy handed with this openness, lest we push clients further away from change. Viewing ambivalence in this light is a new direction for me, and I am excited to see how it impacts my practice.

A final highlight from the book is Miller's discussion of the 4 flavors of

Ambivalence. The first kind, "The Candy Store," is what he calls a GO-GO dilemma. This is the kind of ambivalence that comes from choosing between good things, like which candy we are going to eat. Miller called the second type "The Trap", and described it as a NO-NO dilemma. This is when we have to pick the lesser of two evils—"do I go back to jail, or go sit through these dang classes?". A third kind of ambivalence is the "Yo-Yo", which Miller calls a GO-NO dilemma. In this type of ambivalence, as a person moves toward a choice, the negative aspects seem to grow ever stronger, until the person then starts to move away from that choice. But, as they move further away from that choice, the positive things start to stand out, drawing them back towards it--- known as the "Paddle Ball Effect". It can be seen in unhealthy relationships, as a client breaks up and makes up with the same person over and over. The final type of ambivalence, "The pendulum", was described as GO-NO-GO-NO. This type is similar to the "Yo-Yo", but rather than one thing to move towards or away from, this is more like being torn between two lovers. As a person approaches the one love, the other lover looks ever more attractive, just as the one they are approaching grows less desirable. But when they shift course, the pattern repeats, leaving them stuck swinging back and forth between the two. This is a common, and more complicated kind of ambivalence that is common to the work we do.

Overall I found "On Second Thought" to be a great addition to the MI library, and I'm still considering how these different types of ambivalence might impact our clinical work. Perhaps you will benefit from revisiting this key concept as well. Until next time, keep reflecting.



Arts & Literature

Expression



Art submitted by Burrell Columbia
TAY/BHDD ACT Team



Creativity

Send your person's served art (photos, photos of artwork, testimonials, poems, etc.) to Lori Norval at lori.norval@dmh.mo.gov for submission to this newsletter. Please indicate if the individual wishes to be named along with the team they receive services from. Thank you!